SEPTEMBER 1985



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OMB No: 0938-0193

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ATTACHMENT 4.18-A

State: MICHIGAN

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a)(1) through (5) and (7) of the Act:

	Charge Coins Copay	Amount and Basis for Determination
Vision services provided to recipients age 21 and over	X	\$2.00/each reimbursable visit. The average payment for service for recipients age 21 and over is \$27.00.
Dental services provided to recipients age 21 and over	X	\$3.00/each reimbursable visit. The average payment for service for recipients age 21 and over is \$110.00
Podiatric services provided to recipients age 21 and over	Х	\$2.00/each reimbursable visit. The average payment for services for recipients age 21 and over is \$32.00
Hearing aids provided to recipients age 21 and over	X	\$3.00 on each hearing aid. The average payment for a hearing aid for recipients age 21 and over is \$340.00.
Pharmacy services specified by the Department for certain ambulatory recipients age 21 and over	X	\$1.00/each prescription. The average payment for service for recipients age 21 and over is \$15.90.
Chiropractic services provided to recipients age 21 and older.	х	\$1.00/each reimbursable visit. The average payment for service for recipients age 21 and over is \$11.00.

TN No. <u>42-39</u> Supersedes TN No. <u>92-21</u>

Approval Date 1-6-93

Effective Date 10-01-92 HCFA ID: 0053C/0061E Revision: HCFA-PM-85-14 (BERC) SEPTEMBER 1985

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		State:	MIC	CHIGAN			·.
В.		ethod used to	collect co	ost sharing ch	arges for ca	tegorically	needy
		Providers are from individu		le for collect	ing the cost	sharing ch	arges
				roviders the f haring charges			services
C.	charg	asis for dete e, and the me ders, is desc	ans by which	ether an indiv ch such an ind w:	idual is una ividual is i	ble to pay dentified t	the o
	or hav can	she cannot a e been notif	fford to pa ied through	ponsibility to ay the copayme h the program individual be	ent. The med's bulletin	dical provi process tha	ders it they
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8up	ersede No.	6	Approval	Date	Effe	ctive Date	07/01/85
					,	HCFA ID: 0	053C/0061E
				HOFA-179 # 25 Supercedes 71 State Rep. In. —	Date R	ec'd 12/20 ppr. 1/6/80	185

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State: MICHIGAN	
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D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The Invoice Processing system will not deduct a copayment for any of the exemptions identified below. Additionally, all affected providers have been notified of these exemptions. For all other services where a copayment is involved, the Invoice Processing system will automatically deduct the copayment amount from the provider's claim.

<u>Pregnant Women</u> - All drugs that are specifically identifiable to a pregnant condition are excluded from the copayment policy.

<u>Institutionalized Individuals</u> - All individuals in a long-term-care facility are excluded from the copayment policy.

<u>Children</u> - The copayment policy does not apply to individuals under the age of 21 years.

<u>Family Planning</u> - The copayment policy does not apply to family planning drugs and supplies.

<u>Emergency Services</u> - The copayment policy does not apply to emergency services.

<u>Health Maintenance Organization (HMO) Enrollees</u> - HMO enrollees are not charged a copayment by the Medicaid program, and the Invoice Processing system is set up to not charge any copayments toward the HMO capitation rate.

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<u>/</u> X/	State	policy	does	not	provide	for	cumulative	maximums.
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_/	Cumulative	maximums	have	been	established	as	described	below:

TN No. <u>93-0/4</u> Supersedes

Approval Date 5-24-23

Effective 04/01/93

TN No. 85-27

HCFA ID: 0053C/0061R